

Application No.: 09/935,392
Applicant: Jeffrey T. Mason
Filed: August 22, 2001
Title: Medication Delivery System Having Selective Automated or Manual Discharge
Art Unit: 3763
Examiner: R. Ghafoorian
Docket No.: 001P0001



**RESPONSE TRANSMITTAL AND
EXTENSION OF TIME REQUEST**

AT
3763

Corres. and Mail
BOX AF **RECEIVED**
MAY 04 2004
TECHNOLOGY CENTER 3700

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

FEE CALCULATION FOR ENCLOSED RESPONSE and EXTENSION REQUEST									
	Claims Remaining		Highest No. Previously Paid		Number Extra		Rate		Additional Fee
Total Claims	25	-	24	=	1	x	\$18.00	=	18.00
Independent Claims	6	-	9	=	0	x	\$86.00	=	0.00
Surcharge For Multiple Dependent Claim First Added							\$290.00	=	0.00
<input checked="" type="checkbox"/> Applicant requests a two month extension of time for response to the outstanding Office Action. The fee is									420.00
<input type="checkbox"/> SMALL ENTITY STATUS (If applicable, divide TOTAL by 2)									0.00
<input type="checkbox"/> Reduction for Extension Fee of ____ months already paid									0.00
<input type="checkbox"/> OTHER:									0.00
TOTAL									438.00

The fees calculated above are to be charged to Deposit Account No. 02-4245.

If for some reason applicant has not requested a sufficient extension of time and/or has not paid a sufficient fee for this response and/or for the extension of time necessary to prevent the abandonment of this application, please consider this as a Request for an Extension for the required time period and/or an authorization to charge my Deposit Account No. 02-4245 for any fee which may be due. A duplicate copy of this sheet is enclosed.

Dated: April 27, 2004

By:

Rodney F. Brown
Attorney for Applicant
Registration No. 30,450

05/19/2004 DBROOKS 00000004 024245 09935392

3365 Baltimore Street
San Diego, California 92117
Telephone: (858) 272-8705

420.00 DA

86.00 DA

0427a.001

02 FC:1201

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09, 935, 392

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=	36	OR	X\$18=	
X40=	160	OR	X80=	
+135=	8	OR	+270=	
TOTAL	551	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	25	Minus	24	= 1
	Independent	6	Minus	7	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	18
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.